



*JKW*  
PATENT APPLICATION  
MP1454-US10

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of ) Group Art Unit: 2832  
GRAVES ET AL )  
Application No. 10/721,478 ) Examiner: K. Easthom  
Filed: November 25, 2003 )  
For: ELECTRICAL DEVICES ) TYCO ELECTRONICS CORPORATION  
 ) 300 Constitution Drive  
 ) Menlo Park, CA 94025  
 ) June 17, 2005

REPLY TO RESTRICTION REQUIREMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This paper is filed in reply to the Office Action mailed March 17, 2005. An extension of two (2) months for reply is requested; please charge the fee for this extension (\$450) to Deposit Account No. 18-0560. Any deficiency or overpayment should be charged or credited to this deposit account. Reconsideration, re-examination, and allowance are respectfully requested in view of the Remarks below.

Restriction Requirement and Election of Species

Applicants elect, without traverse, the claims of Group I, i.e. claims 1-14, 16-23, and 25, for prosecution in this application, and elect, within this Group, species 2, i.e. claim 21-23 and 25 for prosecution. Applicants believe that claims 21-23 and 25 are readable on the elected species.

06/21/2005 ZJUHAR1 00000014 180560 10721478

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CERTIFICATE OF MAILING UNDER 37 CFR §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231, on the date shown below:

Name of person signing certificate: Marguerite E. Gerstner  
Signature: Marguerite E. Gerstner Date: June 17, 2005

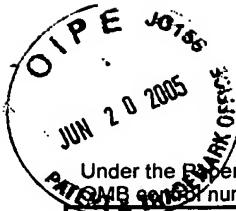
Conclusion

The Examiner is asked to call the undersigned if there are any questions.

Respectfully submitted,

*Marguerite E. Gerstner*

Marguerite E. Gerstner  
Registration No. 32,695  
Telephone (650) 361-2483



Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 450.00)

### Complete if Known

Application Number	10/721,478
Filing Date	25-Nov-2003
First Named Inventor	Graves et al.
Examiner Name	K. Easthom

Art Unit 2832

Attorney Docket No. MP1454-US10

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 18-0560 Deposit Account Name: Tyco Electronics Corporation  
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  
 Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
_____ - 20 or HP =	_____ x _____ =	_____	_____	50	25	

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP =	_____ x _____ =	_____	_____	200	100	

HP = highest number of independent claims paid for, if greater than 3

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 =	_____ / 50 =	(round up to a whole number) x _____ =	_____	_____

#### 4. Other Fee(s)

Non-English Specification, \$130 fee (no small entity discount)

Other: 2-month extension for reply (37 CFR 1.17(a)(2))

450.00

### SUBMITTED BY

Signature	Marguerite E. Gerstner	Registration No. (Attorney/Agent) 32,695	Telephone 650-361-2483
Name (Print/Type)	Marguerite E. Gerstner		Date June 17, 2005

### Certificate of Mailing (37 CFR 1.8)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Date of deposit: June 17, 2005

Name (printed): Marguerite E. Gerstner

Signature:

Marguerite E. Gerstner